

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P98000058348

**FILED**  
**Sep 30, 2005**  
**Secretary of State**

**Entity Name:** WHITE MOUNTAIN EXCLUSIVE RETREAT, INC.

**Current Principal Place of Business:**

1800 NE 114 STREET  
SUITE 803  
MIAMI, FL 33181

**New Principal Place of Business:**

**Current Mailing Address:**

1800 NE 114 STREET  
SUITE 803  
MIAMI, FL 33181

**New Mailing Address:**

**FEI Number:** 84-0572036      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

KAROLYI, EUGENIA  
1800 NE 114 STREET  
SUITE 803  
MIAMI, FL 33181 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: EUGENIA KAROLYI

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title:            DPS            ( ) Delete  
Name:            POPVEC, ANGEL  
Address:        105 EDWARDS VILLAGE BLVD C 210  
City-St-Zip:    EDWARDS, CO 81632

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:            DPS            (X) Change ( ) Addition  
Name:            POPCEV, ANGEL  
Address:        105 EDWARDS VILLAGE BLVD C 210  
City-St-Zip:    EDWARDS, CO 81632

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANGEL POPCEV

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

DPS

09/30/2005

\_\_\_\_\_  
Date